

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Dr. Newland
Do not use this space.

1. PLACE OF DEATH

100 County *Vernon*

2. Township

3. City

Nevada(No. *2*)Registration District No. *875*Primary Registration District No. *13039*File No. *4708*Registered No. *34*

St.

Ward

2. FULL NAME

Rena Mary Hold

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Peter Hold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 22, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*70**4**09*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Appleton City Mo.

FATHER

13. NAME

James M. Lennon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

MOTHER

15. MAIDEN NAME

Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

17. INFORMANT (ADDRESS)

Mr. Alexander

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Calvary

DATE

Feb. 2, 1937

19. UNDERTAKER (ADDRESS)

Geisinger Funeral Home

20. FILED

2-5 38 M Geisinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from

*June 25, 1937, to June 30, 1937*I last saw him alive on *June 30, 1937* Death is saidto have occurred on the date stated above, at *10:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage*Date of onset
1-25-37

Other contributory causes of importance:

Obvious attack 6 years ago

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. Newland Nevada mo.

M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. The purpose of this document is to provide a comprehensive overview of the current state of the project and to identify the key areas for improvement. The document is organized into several sections, each of which addresses a specific aspect of the project.

2. The first section, "Introduction," provides a brief overview of the project and its objectives. The second section, "Background," provides a detailed history of the project and the challenges it has faced. The third section, "Current Status," provides a detailed overview of the project's current state, including a list of the key areas for improvement.

3. The fourth section, "Recommendations," provides a list of specific recommendations for improving the project. The fifth section, "Conclusion," provides a summary of the key findings of the document and a final recommendation for the project.

4. The sixth section, "Appendix," provides a list of the key documents and resources used in the project. The seventh section, "References," provides a list of the key references used in the project. The eighth section, "Glossary," provides a list of the key terms used in the project.

5. The ninth section, "Index," provides a list of the key topics covered in the document. The tenth section, "Table of Contents," provides a list of the key sections of the document. The eleventh section, "List of Figures," provides a list of the key figures used in the project.

6. The twelfth section, "List of Tables," provides a list of the key tables used in the project. The thirteenth section, "List of Figures," provides a list of the key figures used in the project.

7. The fourteenth section, "List of Tables," provides a list of the key tables used in the project. The fifteenth section, "List of Figures," provides a list of the key figures used in the project.

8. The sixteenth section, "List of Tables," provides a list of the key tables used in the project. The seventeenth section, "List of Figures," provides a list of the key figures used in the project.

9. The eighteenth section, "List of Tables," provides a list of the key tables used in the project. The nineteenth section, "List of Figures," provides a list of the key figures used in the project.

10. The twentieth section, "List of Tables," provides a list of the key tables used in the project. The twenty-first section, "List of Figures," provides a list of the key figures used in the project.